

Project: Cultura de Salud

La Familia Counseling Center, Inc.

La Familia
Cultura de Salud

LOCATION

La Familia's Maple Neighborhood Center
3301 37th Avenue
Sacramento, CA 95824

GROUPS SERVED

- Latinx
- Urban Setting
- Adults

ABOUT

La Familia has been working in the Sacramento community for 46 years providing various programs and services including behavioral health, parenting, health, youth, education, employment and other community services. La Familia has worked with the Latinx community using culturally sensitive service delivery practices to decrease the stigmatization and assist in connecting individuals to mental health services with a goal of community wellness. Our Cultura de Salud (CdS) service delivery model is a strength based approach that is based on 8 principles of cultural responsiveness.

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OVERVIEW

Cultura de Salud (CdS) is based on 8 principles of service delivery established over 40 years ago by LFCC leadership. These principles provide the foundation for a service delivery model based on the premise that recognizing and utilizing the strengths of the Latino culture can and will create wellness within its community.

The Latinx community has experienced increased need for mental health services associated with poverty, family stress and fears from immigration policy, policing and other public stressors. Coupled with this increase, is a stigma in the Latinx community regarding mental health services that discourage many from reaching out for assistance. Further compounding the problem is a lack of mental health intervention services that are sensitive to this group's social, cultural and language needs.

Recognizing the need for a more comprehensive and culturally responsive approach to mental health care, La Familia understood the need to provide brief short-term crisis intervention services along with navigation to longer-term solutions. Leveraging the CdS concept, LFCC initiated the Centro de Apoyo Latino to pilot this community-based, community-focused service delivery model.

La Familia believes that utilizing a culturally responsive service delivery/approach will:

- Reduce the stigma associated with using mental health services
- Improve rates retention in mental health services; and
- Increase community engagement.

LFCC posits that by increasing access/utilization to culturally and linguistically appropriate mental health services, family stability, resiliency, community cohesion and individual well-being will improve and stabilize.

LFCC seeks to evaluate the effectiveness of the CdS delivery model and document how culturally-informed service practices contribute to the reduction and prevention of mental illness in the Latinx community.



GOALS



GOAL 1. Cultura de Salud will strengthen individual wellness and resilience.

GOAL 2. Cultura de Salud will reduce risk factors to mental illness.

GOAL 3. Cultura de Salud will improve retention of Latinx clients receiving mental health services.

STRATEGIES

Eight Cultura de Salud (CdS) principles for service delivery provide the foundation for our program design.

Our Theory of Change, which focuses on connecting services to pathways for family and community interaction, provides the strategic direction for operationalizing the 8 principles into everyday practice.

The Centro de Apoyo Latino (CAL) provides the location to deploy intervention strategies that include platicas, mental health counseling and mental illness education, and safe access to information and resources. Navigation services provide a warm handoff to vetted providers encouraging clients to stay engaged in care longer. By reducing stigma and barriers to access, clients and community will be more receptive to services.

Through the Cultura de Salud (CdS) service delivery model, clients will be more willing to address problems, concerns and crisis earlier and access more options to achieve personal and family well-being.

The 8 CdS Principles

1. Latino culture is collective, not individualistic; therefore the individual wants to be seen as part of their community.
2. Services are embedded in the community.
3. Responsibility for change is shared between client and staff.
4. Mutual respect and value for each other.
5. Freedom to move forwards is personal, but limitations and impairments must be explored and considered.
6. Sincere engagement with healthy boundaries between client and staff.
7. Emphasis on the whole family (familismo).
8. Respect and understanding of cultural values

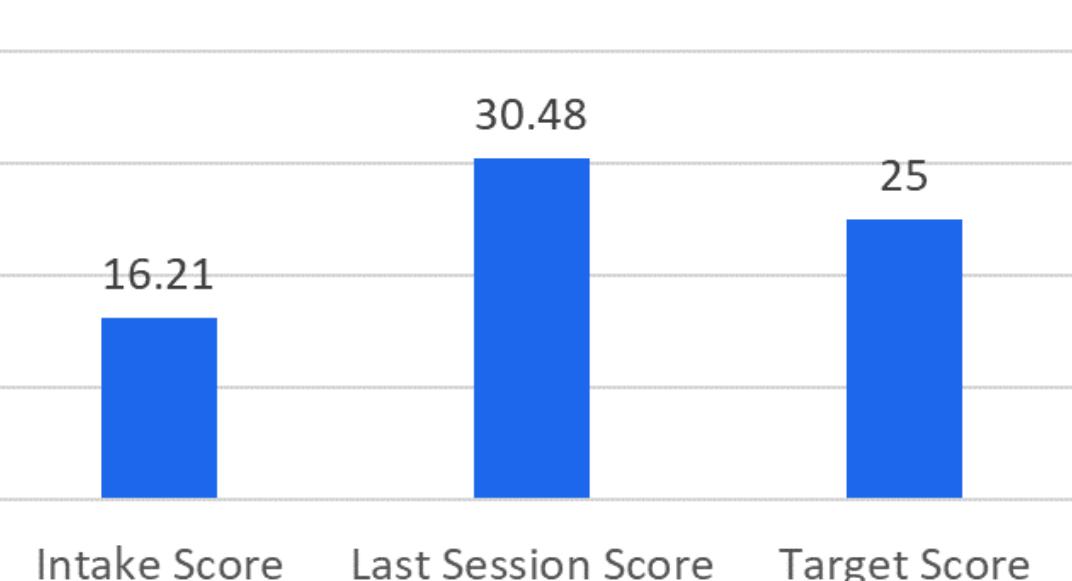
PRELIMINARY FINDINGS

LFCC is utilizing various methods to measure our success. The Evidenced Based Feedback-Informed Treatment (FIT) method is used for evaluating the effectiveness of behavioral health services provided to clients. Client feedback regarding the outcome of care indicated by the client following each therapeutic session is captured via the Outcome Rating Scale (ORS) and quantified.

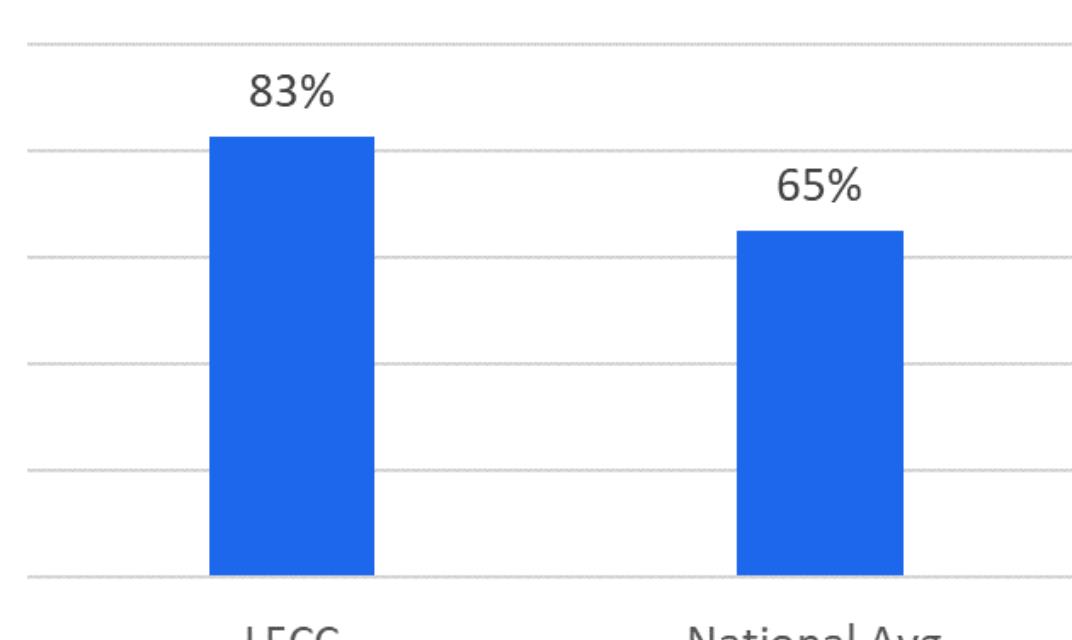
The scores of 74 LFCC clients are summarized below:

- The target ORS score of 25 out of a possible 40 is the clinical cutoff with scores lower than the target indicating a significant amount of distress.
- The average intake score for LFCC clients was 16.21 indicating that clients were experiencing clinically indicated problems/distress at the time of intake.
- LFCC clients showed an average raw change of 14.27 points in ORS scores indicating that significant progress was made in therapy.
- 83% of LFCC clients reached the target score of 25; **an amount 18 points higher than the national average** indicating a high rate of successful interventions and client satisfaction with services.

LFCC Outcome Ratings Scale
Average Client Scores



Percent of Clients Reaching Target Score



NEXT STEPS

To triangulate, or verify our preliminary findings, we develop an index of 37 indicators to arrive at a pre- and post-treatment scores to obtain a reasonable indication of each client's stability before and after treatment. We are currently gathering post-treatment information for our first cycle of clients. We supplement this data with personal interviews with clients (currently in progress) following their completion of the program along with staff observations that will provide rich narratives describing in detail the experiences of CAL clients as they move from intervention to stabilization. Since culturally-sensitive interventions are difficult to measure, we feel that this mixed-methods approach to evaluating client success will best demonstrate the efficacy of the Cultura de Salud.